

LICENSE APPLICATION— EMERGENCY LICENSE OR PERMIT

PI-1602-EL (Rev. 07-06)
Page 1

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1028
Voice Mail No. 1-800-266-1027
Web Site dpi.wi.gov/tepd1

We do not accept applications by FAX.

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Use the correct form. Use the PI-1602-EL form to apply for or renew emergency licenses and permits (including long-term substitutes) which are requested by an employing school district after a search for a fully-licensed candidate was conducted and was unsuccessful. For more information, go to: <http://dpi.wi.gov/tepd/emerg.html>
 - **Emergency Licenses:** Applicant is licensed (or eligible for licensure) in Wisconsin, however, the emergency assignment is outside the applicant's current licensure area.
 - **Emergency Permits:** Applicant did not complete an educator preparation program. Bachelor's degree from an accredited institution is required.
- Do not use this form to apply for a three-year short-term substitute permit. Use the PI-1602-SP form instead.***
- Do not use this form for a school board requested 1-year administrator license. Use the PI-1602-AD1 form instead.***
- ◆ Type or print legibly in black or blue ink. Do not submit "back-to-back" photocopies since pages of the application are separated during processing. **Keep a copy of your entire application including all documentation** since no documents can be returned to you.
- ◆ Mail **all** necessary documentation and forms, including the PI-1602-A Conduct and Competency Review (and fingerprint cards if applicable), along with the application in one complete submission. This will facilitate much faster processing of your application.
- ◆ Verify the date that the application was received at DPI by checking the license database at: dpi.wi.gov/tepd/lisearch.html

LICENSE APPLICATION INSTRUCTIONS

- I. **Applicant Information:** Fill in all boxes. “Primary Phone” is a number to contact you from 8 a.m. to 4 p.m. Central Standard Time.
- II. **Type of Emergency License or Permit: Part A**—Answer all pertinent questions. List the subject and grade level information. Indicate whether this is a first time or renewal request. **Part B**—Applicant signature is required.
- III. **School District’s Request:** The employing administrator must complete Section III including justification/NCLB questions.
- IV. **Administrator Signature:** Administrator must sign verifying the accuracy of justification and NCLB questions (when applicable).
- V. **Institutional Verification:** Required for **renewal** of a 1-year emergency license or permit. The institution must verify enrollment and completion of credits in an approved program leading to licensure in the subject/grade level for which emergency licensure is requested. See special application mailing instructions at bottom of this page.

PAYMENT INSTRUCTIONS

Fee payment (\$100.00) must be mailed with your application. Since fees cover the cost of application review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. The application fee is subject to change without notice.

CHECK OR MONEY ORDER: Make payable for **\$100** to: **Dept. of Public Instruction**. *Do not mail this page* (page 1) when paying by check or money order. **Attach the check or money order securely to the front of page 2 (the application page containing applicant information).**

CREDIT CARD: We accept **only** MasterCard or VISA. Fill in the account information below and sign. This credit card payment page must have an *original signature* and will be retained by our bank. Since this page will not be forwarded to our licensing consultants, *be sure that the reverse side does not contain any information* needed to process the application. **Attach this page on top of all other application materials before mailing.**

| Account Number | | | | | | | | | | <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | | |
|----------------|--|--|--|---|--|--|--|---|--|-------------------------------------|-------------------------------|--|--|
| | | | | — | | | | — | | | — | | |

Expiration Date

| | |
|--|--|
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Month Year

| | |
|--------|--------------|
| Amount | \$100 |
|--------|--------------|

| |
|--------------------------------------|
| <i>Print or Type Cardholder Name</i> |
| Signature |

MAILING INSTRUCTIONS (Do not FAX.)

All application materials and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the application can be reviewed. The bank then couriers application materials to Madison for processing by licensing consultants. **Do not mail or fax applications to DPI's Madison office. If sent to Madison, review of your application will be significantly delayed.**

Applicants for a FIRST TIME 1-year emergency license or permit must mail the application packet to:

DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794

Applicants RENEWING a 1-Year Emergency License or 1-Year Permit (including long-term substitute license/permit) must mail the entire application packet (including forms, payment, and documentation) to the institution of higher education's certifying officer. After completing and signing Section V, the certifying officer will send the application packet to the DPI address above.

**LICENSE APPLICATION—
EMERGENCY LICENSE OR PERMIT**

PI-1602-EL (Rev. 07-06)

Page 2

FOR INFORMATION CONTACT

Telephone No. (608) 266-1028

Voice Mail No. 1-800-266-1027

Web Site dpi.wi.gov/tepd

Collection of Social Security Number is a requirement of s.118.19(1m).

Application forms are available at dpi.wi.gov/tepd/applications.html**I. APPLICANT INFORMATION**

| | | |
|--|---|--|
| Legal Name <i>First</i> | <i>Middle</i> | <i>Last</i> |
| Previous Name(s) | Social Security Number | Date of Birth <i>Mo./Day/Yr.</i> |
| Address | | P.O. Box |
| City | State | Zip Code Zip Plus 4 <i>digits</i> |
| Primary Telephone (<i>include area code</i>) | Ext. | Alternate Telephone (<i>include area code</i>) Ext. |
| Email Address | | |
| Current District of Employment | Most Recent Wisconsin Educator License Issue Year Expire Year | |

II. TYPE OF EMERGENCY LICENSE OR PERMIT**Applicant Completes Parts A & B****PART A – Please answer all that apply:**1) I have already completed an educator training program ☐ Yes (if yes, answer question # 2) ☐ No (if no, skip to question # 3)2) I hold or have held a Wisconsin educator license ☐ Yes (if yes, skip to # 4) ☐ No (if no, answer # 2a)2a. I have applied for regular licensure in Wisconsin ☐ Yes (If yes, skip to # 4) ☐ No

If no to question 2a, answer question 3 and submit with this application a PI-1612 Institutional Endorsement form. This form is available on our website at: dpi.wi.gov/tepd

3) I have attached original transcripts from an accredited college (<http://ope.ed.gov/accreditation>) verifying a bachelor's degree☐ Yes (if yes, skip to # 4) ☐ No (if no, answer # 3a)3a. I have previously submitted these transcripts ☐ Yes (if yes, answer # 4) ☐ No

If no to question 3a, answer # 4 and either attach original transcripts to this application or send them to:

DPI Educator Licensing, PO Box 7841, Madison, WI 53707

4) This emergency assignment is in:

| | |
|------------|----------|
| Subject(s) | Grade(s) |
|------------|----------|

and this is a:

☐ First time request for an emergency license/permit or☐ Renewal of an emergency license/permit (see also Part V – Approved Program Verification)**PART B—Applicant's Verification**

I UNDERSTAND that the issuance or denial of a emergency license or permit is at the discretion of the state superintendent. Renewal of this emergency license or permit will be considered only if the employing administrator requests renewal and satisfactorily explains the need, and if six semester credits (or the equivalent) in an approved program are satisfactorily completed between the beginning date of the emergency license or permit and August 31st of the year the license/permit expires. Verification in Part V—Approved Program Verification is required for renewal.

| | |
|--------------------------|--------------------------------|
| Applicant Signature ➤ | Date Signed <i>Mo./Day/Yr.</i> |
|--------------------------|--------------------------------|

For DPI Use Only

- ☐ FP
☐ Conduct

For Bank Use Only

Amount of Remittance

\$100

Date Stamp

III. SCHOOL DISTRICT JUSTIFICATION FOR REQUEST☐ Check here if this is a **Charter School**.

| | | | |
|---|--------------------|----------|---------|
| School District Requesting Emergency Licensure | Telephone Area/No. | CESA No. | LEA No. |
| School District Mailing Address <i>Street or PO Box</i> | City | Zip Code | |

—INFORMATION ON THE REQUESTED EMERGENCY LICENSE/PERMIT IS AS FOLLOWS—

| | | | |
|--|---------------------|-------------------------|--------------------------|
| Employee Name <i>First, Middle, Last</i> | Social Security No. | Begin <i>Mo./Day/Yr</i> | Ending <i>Mo./Day/Yr</i> |
| Subject(s) and grade(s) of this emergency request: | Subject(s) | Grade(s) | |

This emergency assignment is:

- ☐ Full-time (teaching in emergency subject(s) all day) ☐ Part-time (teaching in the emergency subject(s) _____% of the school day)
- ☐ Long-term substitute emergency license/permit

Fully explain and justify the need for this request below. This justification is a determining factor in the issuance or denial of the request. If fully licensed candidates are available, the request will be denied unless the justification clearly indicates the specific reason each licensed applicant was not employed. Attach additional 8.5" x 11" sheet, if needed.

The following questions also apply for those teaching in core academic subjects as defined by NCLB. NCLB requires that all teachers of core academic subjects must be "highly qualified". As defined by NCLB, a teacher on an emergency license or permit in a core subject(s) is considered highly qualified ONLY IF:

- ☐ Yes ☐ No 1. the educator has demonstrated their content knowledge in the core subject(s) in which s/he will be teaching through either a major, a minor, or completion of Wisconsin's Praxis II content test(s);
- ☐ Yes ☐ No 2. the educator is enrolled in an approved teacher training program that will be completed in three years;
- ☐ Yes ☐ No 3. the district provides high quality professional development before and while teaching and intensive supervision or mentoring while teaching.

IV. SIGNATURE OF EMPLOYING ADMINISTRATOR

I ACKNOWLEDGE that the justification given and the answers to the "highly qualified" questions above (if applicable) are true.

| | |
|---|--------------------------------|
| Name of Employing Administrator <i>Type or print clearly.</i> | Title |
| Signature of Employing Administrator ➤ | Date Signed <i>Mo./Day/Yr.</i> |

V. APPROVED PROGRAM VERIFICATION *To RENEW a one-year emergency license or permit, (including long-term substitute)*

I, THE CERTIFYING OFFICER, CONFIRM that the applicant is enrolled in this institution's state-approved education program which is designed to be completed **within three years**.

| | |
|---|---|
| Within the last year the applicant has completed at least six credits or the equivalent toward full licensure in: | Licensure Program |
| Signature of Certifying Officer ➤ | Date Signed <i>Mo./Day/Yr.</i> Name of Institution/Program Provider |

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev. 3-03)

Page 1

Application forms are available at: <http://dpi.wi.gov/applications.html>**ANSWER ALL QUESTIONS**

1. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. **Your signature on this form must be notarized. Most schools have a notary public on staff.**

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

| | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small> | 1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 8. Are you currently on probation in any jurisdiction? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 10. Is any criminal charge or investigation pending against you in any jurisdiction? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR | 11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your conduct as an educator or in an educationally related position? |
| 12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response. <input type="checkbox"/> I am required to submit fingerprint cards with my application. Indicate status of cards below. <input type="checkbox"/> Completed cards are enclosed OR <input type="checkbox"/> Cards will be submitted separately. <input type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards are not required at this time. | |
| For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised. | |

*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application **if no further conviction(s) has occurred.**

IMPORTANT: You must respond to ALL questions 1-12.

| | |
|---|---|
| UNDER OATH , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license. | |
| I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form. | |
| Name <i>Print or type</i> | Sworn and signed before me this ____ day of _____ in the year _____. |
| Signature (<i>Sign in blue or black ink, in presence of a Notary Public</i>) ➤ | _____ Notary Public, _____ |
| Social Security No.** | My commission expires on _____ |

**Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

**INSTRUCTIONS AND DEFINITIONS
CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Respond to all questions.** We cannot issue a license unless all questions are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprints:** *Read ALL the criteria below carefully. Determine whether fingerprint cards are required in your situation and indicate your response in item 12 of the Conduct and Competency Review.* (If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction.)
 - If you have worked, resided, or attended college in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain in the last twenty years after age 17, **you must submit fingerprint cards** with your license application.
 - Even if you previously submitted fingerprint cards to the Department of Public Instruction **you must submit fingerprint cards again if, since the previous submission, you have worked, resided, or attended college in any of the locations listed above.** (If you previously submitted cards that met approved FBI/CIB standards *and* have not worked, resided, or attended college in any of the locations above since submitting your cards to DPI, then new cards are not required.)
 - If your license application contains a non-Wisconsin mailing address, you must submit fingerprint cards unless the following exception applies. If you have never worked, resided, or attended college in a state other than Wisconsin, a U.S. territory listed above, Canada, or Great Britain you are not required to submit fingerprint cards.

How to Obtain Fingerprint Cards: To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to licensing@dpi.wi.gov. Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

NOTE: Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See <http://dpi.wi.gov/tepd/fphelp.html> for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.
3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: <http://dpi.wi.gov/tepd/notary.html>.

Definitions

“Immoral Conduct” means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

“Incompetence” means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.